

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90063 024 \*\*\*150.00

**DOCUMENT # J13875**

1. Entity Name  
**TSS SOFTWARE, INC.**

Principal Place of Business  
**1205 PINEY BRENDA CIRCLE**  
**VALRICO FL 33594**  
**US**

Mailing Address  
**P O BOX 1916**  
**VALRICO FL 33565**  
**US**

2. Principal Place of Business  
**14304 Briarthorn Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Tampa, FL**  
 Zip  
**33625**  
 Country  
**US**

City & State  
 Zip  
 Country

4. FEI Number  
**59-2660174**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**WHITEMORE, KENT G**  
**1 BEACH DRIVE SE**  
**SUITE 205**  
**ST PETE FL 33701**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **LEIDY, KENNETH JOHN**  
 STREET ADDRESS **43345 RIDGE CREST DR**  
 CITY-ST-ZIP **BIG BEAN LAKE CA 92315**

TITLE **VP** ☐ Delete  
 NAME **LEIDY, JAMES E**  
 STREET ADDRESS **14304 BRIARTHORN DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE **S** ☒ Delete  
 NAME **STEVENS, D**  
 STREET ADDRESS **1205 PINEY BRANCH CIRCLE**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **14304 Briarthorn Dr**  
 CITY-ST-ZIP **Tampa, FL 33625**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/02 727-536-5445**  
 Date Daytime Phone #

CR2E034 (9/01)